Patrick J. Scanlon MD Cardiovascular Research Fund

I/We would like to donate to the fund!

* Required Information

Title: (Mr, Mrs, Miss)

*First Name: Middle Initial:

*Last Name: Suffix: (Jr, Sr)

Joint Donor

*First Name: Middle Initial:

*Last Name: Suffix: (Jr, Sr)

Address Type: (Home, Business)

If Business, Name:

*Address 1: Address 2:

*City: *State

*ZIP Code: *Phone:

E-mail:

***What is your affiliation to Loyola University Health System (LUHS)? Check all that apply**

LUHS staff ☐ LUHS patient ☐ LUHS friend ☐

LUHS former staff ☐ LUHS Medical School Alumni ☐ Other

Please enter your gift amount and designation.

Gift amount: $ For: Patrick J. Scanlon MD Cardiovascular Research Fund

Enter tribute information, if applicable.

My gift is: In honor of: ☐ In memory of: ☐ Name:

Notify: Name: Address1:

Address2: City,St,Zip:

Payment

Check: ☐ Visa ☐ Discover ☐ Master Card ☐

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Thank You!